Food Distribution Program



P. O. Box 59 Watonga, OK 73772 PHONE: 405-276-6049 FAX 405-422-8261

CHANGE REPORT FORM

ADDRESS:		DA	1E:	
Please use this form to report	rt any of the followin	g changes in your household:		
gross monthly income of more incurs a shelter or utility expe Distribution Office within ten	e than \$100; changes in the second action of the calendar days after the	port changes in household size or in residence and/or address; when e legal obligation to pay child sup- ne change become s known to the last that you were not entitled to, a con-	the household no longer port to the Food household. If you fail to	
CHANGES IN HOUSEHOI Name	LD MEMBERS: Add/Delete	Social Security Number	Date of Birth	
1.				
2.				
3.				
INCOME OR CHANGE OF A	DDRESS:			
ADDITIONAL COMMENTS:				
SIGN	SIGNATURE		DATE	

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.